



COMMERCE AND INSURANCE
TENNESSEE COMMISSION ON FIRE FIGHTING
500 James Robertson Parkway, 10th Floor
Nashville, TN 37243 – 615-741-6780

APPLICATION FOR RECIPROCITY

This form is to be used to request the Tennessee Commission on Fire Fighting Personnel Standards and Education to recognize a Certificate issued from either an IFSAC or NFSPQB accredited State **AFTER** said state received their accreditation from the national accreditation organization. Please submit a separate form for each level being requested.

All information requested must be provided. Any incomplete forms will be returned, which could result in a substantial delay in the recognition of your Certification by the State of Tennessee.

Date Received _____
Cert. Verified _____
Employment
Verified _____
Rec. # _____
Date Issued _____
Rejected Reason _____

YOU MUST PRINT OR TYPE

Level to Which You Are Seeking Recognition: _____

NAME: _____
FIRST MI LAST

ADDRESS: _____
STREET CITY STATE ZIP

DOB: _____ SS#: _____ TN Driver License # : _____

TN FIRE DEPT. WITH WHICH YOU ARE A MEMBER (if applicable): _____

FIRE DEPT. YOU WERE WITH AT TIME OF CERTIFICATION: _____

AGENCY THAT ISSUED CERTIFICATION: _____

PLEASE SELECT FROM THE FOLLOWING:

_____ IFSAC SEAL # _____ Copy of Certificate **MUST** be attached.

_____ NFSPQB Copy of certificate **MUST** be attached.

Have you ever challenged a written or practical examination in the State of Tennessee for this level of certification?

Yes _____ NO _____ Date Challenged: _____

PLEASE LIST YOUR PREVIOUS EMPLOYMENT HISTORY IN THE FIRE SERVICE. BE SURE TO INCLUDE SPECIFIC DATES. LETTERS **MUST** BE ATTACHED FROM ALL PREVIOUS FIRE DEPARTMENTS SHOWING DATES OF SERVICE.

**TO BE COMPLETED BY CHIEF OF CURRENT FIRE DEPARTMENT
(Tennessee Fire Departments only)**

CHIEF'S NAME: _____

DATE THIS APPLICANT BECAME MEMBER OF THIS DEPT: _____

WAS THIS APPLICANT'S FIRE SERVICE EXPERIENCE VERIFIED: _____ **OR** _____
Yes No

I certify to the Commission that this applicant is a member of this fire department. As Chief, I have granted approval for this applicant to receive reciprocity for this level of certification.

Signature of Chief

Date

TO BE COMPLETED BY APPLICANT

I CERTIFY TO THE TENNESSEE COMMISSION ON FIRE FIGHTING PERSONNEL STANDARDS AND EDUCATION THAT ALL OF THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE THE TENNESSEE COMMISSION ON FIRE FIGHTING PERSONNEL STANDARDS AND EDUCATION TO VERIFY ANY AND ALL INFORMATION PROVIDED.

Signature of Applicant

Date